



**TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE**

To the Local Permit Agent:

Date: 12/23/09

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: MOHAMED KEFFAS

ADDRESS: SARLINGTON ST

EASTHAMPTON MA 01027

TELEPHONE: 413 695-3642

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: _____

FitzhIT Valley CAB

DATE OF BIRTH: 07-07-77 SOCIAL SECURITY #: 66-01-1102

HEIGHT: 5'9 WEIGHT: 145 HAIR: BLAK EYES: BRWN

DRIVER'S LICENSE #: 3-171-221-70

DATE OF EXPIRATION: 07-07-2013

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: [Signature]

APPROVED/NOT APPROVED: [Signature] Chief of Police Date 1/1/2010

Date Approved/Denied: _____ License # _____

Remarks: _____

☆Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002

09-23580